

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	UK02-012	Total Pages	2
	First Named Inventor or Application Identifier: Michele Belmonte, et al			
	Title: ELECTRO-OPTIC DEVICES, INCLUDING MODULATORS AND SWITCHES			
	Express Mail Label No.	EV 327189113 US		

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on SEPTEMBER 25, 2003

(Date)

Signature

Ronald J. Paglierani

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- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form
(Submit an original and a duplicate for fee processing)
2. <input checked="" type="checkbox"/> Specification
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113)
4. Oath or Declaration
a. <input checked="" type="checkbox"/> Executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. <input type="checkbox"/> Paper Copy (identical to computer copy)
c. <input type="checkbox"/> Statement verifying identity of above copies |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACCOMPANYING APPLICATION PARTS

- | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | <input checked="" type="checkbox"/> Power of Attorney |
| 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) | |
| 9. <input type="checkbox"/> English Translation Document (if applicable) | |
| 10. <input checked="" type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input checked="" type="checkbox"/> Copies of IDS
Citations |
| 11. <input type="checkbox"/> Preliminary Amendment | |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(should be specifically itemized) | |
| 14. <input checked="" type="checkbox"/> Certified Copy of
Priority Document(s)
(if foreign priority is
claimed) | 15. <input type="checkbox"/> Other: |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner: _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label 22928 or ☐ Correspondence address below

NAME	Corning Incorporated, SP-TI-3-1		
ADDRESS	CORNING	STATE	NY
CITY	CORNING	TELEPHONE	607-974-3332
COUNTRY	USA	FAX	(607) 974-3848
Name (Print/Type)	Ronald J. Paglierani	Registration No. (Attorney/Agent)	29,201
Signature	<i>Ronald J. Paglierani</i>	Date	SEPT. 25, 2003

09/25/03
16805 U.S. PTO

FEE TRANSMITTAL for FY 2003

Compleat if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Michele Belmonte, et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket Number	UK02-012

TOTAL AMOUNT OF PAYMENT (\$750.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3325**

Deposit Account Name **Corning Incorporated**

- ☒ Charge Any Additional Fees Required
Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
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1001	750	Utility filing fee	<u>750.00</u>
1002	330	Design filing fee	_____
1003	520	Plant filing fee	_____
1004	750	Reissue filing fee	_____
1005	160	Provisional filing fee	_____

SUBTOTAL (1) (\$750.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
9	- 20** =	x 18 =	00.00
Independent Claims	1 - 3** =	x 84 =	00.00

Multiple Dependent 0 = 0.00

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$00.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	_____
1052	50	Surcharge - late provisional filing fee or cover sheet	_____
1053	130	Non-English specification	_____
1812	2,520	For filing a request for reexamination	_____
1804	920*	Requesting publication of SIR prior to Examiner action	_____
1805	1,840	Requesting publication of SIR after Examiner action	_____
1251	110	Extension for reply within first month	_____
1252	410	Extension for reply within second month	_____
1253	930	Extension for reply within third month	_____
1254	1,450	Extension for reply within fourth month	_____
1255	1,970	Extension for reply within fifth month	_____
1401	320	Notice of Appeal	_____
1402	320	Filing a brief in support of an appeal	_____
1403	280	Request for oral hearing	_____
1451	1,510	Petition to institute a public use proceeding	_____
1452	110	Petition to revive - unavoidable	_____
1453	1,300	Petition to revive - unintentional	_____
1501	1,300	Utility issue fee (or reissue)	_____
1502	470	Design issue fee	_____
1503	630	Plant issue fee	_____
1460	130	Petitions to the Commissioner	_____
1807	50	Petitions related to provisional applications	_____
1806	180	Submission of Information Disclosure Stmt	_____
8021	40	Recording each patent assignment per property (times number of properties)	_____
1809	750	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	_____
1810	750	For each additional invention to be examined (37 C.F.R § 1.129(b))	_____
1801	750	Request for Continued Examination (RCE)	_____
1802	900	Request for expedited examination of a design application	_____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

SUBMITTED BY

Completed (if applicable)

Name (Print/Type)	Ronald J. Paglierani	Registration No. (Attorney/Agent)	29,201
Signature	<i>Ronald J. Paglierani</i>	Date	SEPT. 25, 2003